



DEPARTMENT OF THE NAVY  
PERSONNEL SUPPORT ACTIVITY  
937 NORTH HARBOR DRIVE  
SAN DIEGO, CALIFORNIA 92132-5190

PERSUPPACTSANDIEGOINST 1050.2D CH-1  
Code 50

12 - NOV 1993

PERSUPPACT SAN DIEGO INSTRUCTION 1050.2D CHANGE TRANSMITTAL 1

Subj: FUNDED EMERGENCY LEAVE TRAVEL ORDERS (OUTUS)

Encl: (1) Sample Order with Appropriation Data

1. Purpose. To transmit Change 1 to the basic instruction.
2. Change. Replace enclosure (1) of the basic instruction with this enclosure.
3. Cancellation. When the basic directive is superseded by a revision, or is otherwise cancelled.

  
M. HAYES

Distribution:

PERSUPPACTSANDIEGOINST 5216.1G, Lists I and II

12 - NOV 1993

## TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS

1. FROM: Issuing Officer/PERSUPPDET				2. STANDARD DOCUMENT NO. N6855394T0000**			
3. TO: Name of Individual(s) Being Ordered on Funded Emergency Leave (OUTUS), Branch of Service and no others  (Include Dependent Names and Ages of Children)				4. TANGO NO. T0000**			
				5. SSN/DESIGNATOR Mbr's SSN			
				6. DATE Prepared (date)			
7. REF: (A) As Appropriate				8. <input checked="" type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL			
9. PROCEED ON OR ABOUT Date		10. AUTHORIZED PROCEED ON OR ABOUT Time/Date		11. APPROXIMATE NUMBER OF DAYS 60 Days		12. ESTIMATED DATE OF RETURN Date	
13. ITINERARY (Activity/activities and Place/places indicated below)  As appropriate						14. <input checked="" type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDONS	
						15. REASON FOR TRAVEL:  ICW Funded Emergency Leave	
						16. <input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL PLACES AS MAY BE NECESSARY	
17. FISCAL DATA ACCOUNTING CLASSIFICATION							
APPROPRIATION SYMBOL AND SUB-HEAD (1) (2)	OBJECT CLASS (3)	BU CONT NUMBER (4)	SUB-ALLOT NUMBER (5)	AUTHORIZED ACCTG ACTY (6)	TYPE (7)	PROPERTY ACCTG ACTY (8)	COST CODE (9)
(7 SYM) (4 SYM) AA1741804.70CA	(3 SYM) 000	(5 SYM) 68553	(1 SYM) 0	(6 SYM) 068688	(2 SYM) 2D	(6 SYM) 4EDE02	(12 SYM) PP4TR000**00
18. ESTIMATED COST TRANSPORTATION PER DIEM MISC. EXP. TOTAL \$ PRICE OF TICKET 00.00 \$ 00.00 \$ PRICE OF TICKET						19. CUSTOMER IDENTIFICATION CODE 34T00**N68553VV	
20. ITEM: (Use applicable item numbers as shown on reverse side of this form)  As Appropriate							
"Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expenses."							
21. ADDITIONAL COMMENTS AND INSTRUCTIONS: <u>MBR Domiciled in (Show Country).</u>  Residence or Place of Acceptance  Endorsement  PSD NAVAL STATION DUTY SECTION: Issued MTA #AF-029883 FLT MAC 19 LAX/CRK OPEN RETURN. Cost \$1046.00						22. SECURITY CLEARANCE: IT IS CERTIFIED THAT YOU HOLD A _____  BASED _____ COMPLETED _____ BY _____ (PLUS _____ YEARS SERVICE)	
23. AUTHENTICATING SIGNATURE						FOR SONIA M. TOWNSEND, TO	
24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:							
25. COPY TO: (Include Operating Budget/fund manager in all cases)							